

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/8447

FILING DATE

07/07/87

APPLICANT(S)

CLAIMS											
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				

BEST AVAILABLE COPY